

**InterContinental Washington DC- The Wharf
801 Warf Street SW, Washington, DC 20024
December 6, 2018
2:00 pm – 4:00 pm
General Session
Meeting Summary**

FICEMS Members in Attendance

Department of Health and Human Services (HHS)

Edward J. Gabriel, MPA, Deputy Assistant Secretary for Incident Command and Control, Assistant Secretary for Preparedness and Response (ASPR)
Theresa Morrison-Quinata, Health Resources and Services Administration
Diane Pilkey, RN, MPH, Health Resources and Services Administration
Jean Sheil, Director, Emergency Preparedness and Response Operations, (CMS)

Department of Homeland Security (DHS)

G. Keith Bryant, US Fire Administration
Duane Caneva, MD, Chief Medical Officer
Ray Mollers, Chief Medical Officer Support Covering Weapons of Mass Destruction Office

Department of Transportation (DOT)

Heidi King, Vice Chair, Deputy Administrator and Acting Administrator, National Highway Traffic Safety Administration (NHTSA)

Federal Communications Commission (FCC)

David Furth, Deputy Bureau Chief, Public Safety and Homeland Security Bureau

State EMS Directors

Joseph Schmider, State EMS Director, Texas

FICEMS Staff in Attendance

Department of Defense (DOD)

Elizabeth Fudge, BSN, MPH

Department of Health and Human Services (HHS)

Sean Andrews, MPH, ASPR

Department of Transportation (DOT)

Dave Bryson (NHTSA)
Eric Chaney (NHTSA)
Jon Krohmer, MD (NHTSA)
Gamunu Wijetunge (NHTSA)

Welcome, Introductions, Opening Remarks

Edward J. Gabriel, MPA, FICEMS Chair

Mr. Gabriel called the meeting of the Federal Interagency Committee on Emergency Medical Services (FICEMS) to order at 2:09pm. Public members identified themselves, and Mr. Gabriel welcomed all attendees and invited them to participate in this open forum.

Review and Approval of Executive Summary of June 20, 2018

A motion to approve the summary of the June 20, 2018 FICEMS meeting carried unanimously.

National EMS Advisory Council Update

Vince Robbins, FACPE, FACHE, President, National EMS Management Association (NEMSMA)

Mr. Wijetunge read the report provided by the committee chair, Mr. Robbins. The National EMS Advisory Council advises NHTSA, DOT, and FICEMS. U.S. Secretary of Transportation Elaine Chao appointed the new NEMSAC after consultation with the DHS and HHS. The first meeting was held at the DOT on October 15-16, 2018 where Vince Robbins was elected Chair and Ann Montero was elected vice chair. Currently, 2 unfilled positions exist: a state or local legislator and a Governor's highway safety representative as required by statute. FICEMS is compiling nomination packages for several candidates to present to Ms. Chao.

The Advisory Council reviewed a long list of projects based on input from FICEMS staff and extensive discussion with the Advisory Council staff. Potential projects have been assigned to committees and they are fleshing out the details and prioritizing them for future meetings.

NEMSAC reorganized its subcommittee structure to realign with the 6 guiding principles of EMS Agenda 2050. Subcommittee chairs and vice chairs have been assigned. The Advisory Council is reviewing previously issued advisories to determine if changes are needed in the future. Additionally, the group will review and provide feedback on the FICEMS Strategic Plan.

National EMS Assessment 2020

Dia Gainer, MPA, Executive Director, NASEMSO

Kyle Thornton, President-Elect, NASEMSO

Ms. Gainer reported that NASEMSO was recently awarded a cooperative agreement with NHTSA that was co-funded by the HHS-HRSA. The project will repeat the National EMS assessment that was sponsored by FICEMS in 2011. The National EMS

Assessment 2020 be a coordinated effort led by NASEMSO and will be a NASEMSO product. The current task challenges the team to evaluate a subset of the original several hundred data points that were retrieved in 2011.

The goals of the 2020 Assessment are the same goals from the 2011 report:

- To describe EMS systems
- To quantify characteristics of EMS systems, emergency preparedness and 911 issues

The team will target the 45 most meaningful characteristics of EMS systems for the first deliverable and collect data from the 50 states, District of Columbia, and the five territories. The team submitted the final draft list of variables to the NHTSA office of EMS and will complete data collection by January 6, 2019. They will launch assessments with the state EMS offices and begin drafting the 2020 National EMS Assessment in early June 2019. NASEMSO will circulate results to NHTSA and are open to presenting analyzed results at the June 2019 FICEMS meeting. The final publication and results will be sent to the NHTSA office of EMS on August 6, 2019. Ms. Gainer thanked the members of the technical working group for their input and assistance with the project.

Mr. Gabriel invited Ms. Gainer and Mr. Thornton to the June 2019 FICEMS meeting to discuss the progress and results.

EMS for Children- Innovation and Improvement Center

Kate Remick, MD, FAAP, FACEP, FAEMS, Interim Deputy Medical Director, Austin/Travis County EMS System; Chair, Education Task Force for the National Association of EMS Physicians' Pediatric Committee

Mr. Gabriel introduced Dr. Remick, a FIEMCS partner and chair of the EMS for Children Innovation and Improvement Center (CIIC). She is the principal investigator for the Innovations and Improvement Center Emergency Medical Services for Children which is supported through the HRSA and the Maternal Child Health Bureau (MCHB), and EMS for Children (EMSC). The goal is to ensure readiness to deliver high quality emergency care for children in our communities.

Dr. Remick explained that many EMS and emergency departments (EDs) do not see critically ill children on a regular basis. A recent Institute of Medicine report identified day to day gaps in readiness to care for children in emergency situations. The Federal EMS for Children Program was designed to reduce childhood death and disability due to severe illness or injury and to enhance the pediatric capability of existing emergency care systems designed for adults. The program will use quality improvement science to more rapidly transform the emergency environment. The program will also leverage partnerships with professional organizations across the country (e.g., American Academy of Pediatrics, American College of Emergency Physicians, Emergency Nurses Association, National Association of Emergency

Medical Technicians, NASEMSO, National Association of Emergency Medical Professionals, International Association of Fire Chiefs, etc) to establish best practices. These partnerships have allowed the program to have a bigger impact than it would have otherwise.

Dr. Remick emphasized that Pediatric Emergency Care Coordinators (PECC) are essential for providing pediatric readiness oversight of centers. They also conduct oversight of EMS organizations. The role of a PECC is to:

- Oversee inclusion of pediatric continuing education (CE) and enforce CE requirements at the local level
- Ensure the availability of pediatric-specific supplies and equipment
- Conduct chart reviews of critically ill ED pediatric patients to assess appropriateness of care

A survey of 4,100 EDs found that providers had a high level of desire to meet the emergency needs of pediatric patients. However, the overall median score for pediatric emergency readiness among centers completing the self-assessment survey was 69 out of a possible 100 points. Centers with a physician and nurse PECC had a median score of 82 out of 100, while centers without a PECC had a median score of 67. Among the EDs surveyed, 48% currently have a physician PECC and 59% have a nurse PECC. Currently, 23% of EMS agencies have a PECC. A PECC Learning Collaborative was initiated to help identify strategies to support the establishment of PECCs in EMS agencies. By March 2020, 30% of EMS agencies in 9 participating states (CT, KY, MT, NM, NY, OH, PA, RI, WI) will have a designated PECC.

Dr. Remick also explained that a Pediatric Readiness Quality Collaborative was initiated with the aim of identifying and training PECCs in EDs to implement local quality improvement (QI) efforts. A 2016 publication in the *Annals of Emergency Medicine* on the National Assessment of Pediatric Readiness of Emergency Departments reported that hospitals with a QI plan had a readiness score of 88/100 compared to 62/100 among hospitals without one. Local QI efforts will be used to demonstrate the impact of pediatric readiness on pediatric emergency care. Additional goals of this collaborative are to help community EDs improve pediatric readiness and identify experts in emergency pediatric care who can network with EMS. Currently, the Pediatric Readiness Quality Collaborative:

- Includes 146 hospitals from 17 states
- Has established a 'train the trainer' model to work with more rural hospitals
- Emphasizes the development of a network of emergency providers

Goals for participating centers include:

- Measuring full vital signs in all pediatrics
- Weighing pediatrics only in kilograms to try and prevent medication dosing errors

- Establishing a plan to care for pediatrics in the event of a disaster

Dr. Caneva asked what the validation process will be for the programs. Dr. Remick shared that the survey was based on hospital self-assessment. Therefore, the actual results may be lower than those reported. A standardized assessment tool does not currently exist.

Mr. Gabriel added that EMS has discussed the issue of quality pediatric emergency care at the federal level for years. The data presented here support what the EMS community has observed and their concerns. FICEMS would like to work with these programs to help address unmet pediatric needs. The U.S. has established trauma centers, burn centers, and stroke centers, pediatric hospitals for specialized patient care. Hopefully, this initiative will build momentum and pave the way for establishing specialized pediatric emergency care centers.

Opioid Overdose Epidemic Update

Jeremy Kinsman, NHTSA

Mr. Kinsman reported that the overdose epidemic is a priority for the White House administration. Rates of naloxone administration by EMS (the number of patients administered naloxone/1,000 patients encountered) have risen steadily from 5.67 in Q1 of 2012, to 10.85 in Q4 2016, using National Emergency Medical Services Association (NEMSA) version 2 data. A decrease has been noted over the past several quarters and fell to 8.47 in Q4 of 2018 (NEMSA version 3 data). The number of naloxone administrations per patients who received naloxone has also risen from 1.2 in 2012, to 1.32 in Q4 2018. This metric is of interest to EMS researchers as a possible proxy measure of opioid potency. However, many factors influence the number of naloxone units administered per patient so the reasons for the rise are unclear.

The CMS, National Institute on Drug Abuse (NIDA), Centers for Disease Control and Prevention (CDC) and NHTSA, with Substance Abuse and Mental Health Services Administration (SAMHSA) coordination, funded an Agency for Healthcare Research and Quality (AHRQ) systematic review of the literature covering several research questions related to the treatment by EMS of suspected opioid overdose patients. Oregon Health Sciences University conducted the full systematic review which was published in 2017 in the *Annals of Internal Medicine*. Completion of an evidence-based guidelines is scheduled for March 2019.

NHTSA funded an AHRQ Systematic Review to update the 2014 evidence-based guideline for acute pain management in the prehospital setting and awarded it to the University of Connecticut Evidence-Based Practice Center. The protocol is available at <https://effectivehealthcare.ahrq.gov/topics/acute-pain-ems/protocol> and the public will have the opportunity to comment in Spring 2019.

Mr. Kinsman concluded by adding that the White House National Science and Technology Council convened an Opioid Fast Track Action Committee in early 2018. The National Roadmap Draft Report was available online and the public comment period closed on December 5, 2018.

Mr. Gabriel asked why Mr. Kinsman thought the use of naloxone by EMS is falling. Mr. Kinsman proposed several ideas including the fact that:

- More lay persons have access to naloxone
- Individuals may not be calling 911 when they suspect an opioid overdose
- The data may represent a positive shift in the opioid crisis

He emphasized that it remains unclear how each of these factors are impacting the data.

Dr. Caneva shared that he believes the opioid epidemic is going to worsen as individuals knowingly or unknowingly use drug 'cocktails' that contain a combination of illicit substances. Naloxone treats the opioid overdose and EMS is seeing the unmasking of other substance in patients suffering from an overdose. It is difficult for providers to predict which substances an individual has used and to treat an overdose involving multiple substances.

Mr. Gabriel added that it would be very useful to assess the use of naloxone by non-EMS providers. It would create a broader picture of overall naloxone use in the community.

EMS Agenda 2050 Update

Gam Wijetunge, MPM, OEMS, NHTSA, EMS Agenda 2050 Federal Project Officer

Mr. Wijetunge reported that FICEMS is currently updating the 1996 EMS agenda. He acknowledged the work of Mike Taigman, the Principal Investigator and Mike Gerber, the lead writer. The goal of Agenda 2050 is to guide the advancement of data-driven and evidence-based EMS systems. The program is supported by members of FICEMS with funding from multiple federal agencies. He briefly summarized the process which began in April 2014:

- FICEMS requested input on a revision of the EMS Agenda
- An interagency funded contract was awarded by NHTSA to RedHorse Corporation to lead the revision
- A Strawman Agenda was published in August 2017 for comment
- Input was gathered from all EMS and 911 organizations. The process was conducted with a focus on 'radical inclusion'
- Four national public meetings were held in 2017 and 2018 to collect feedback. The team incorporated community input into the document.
- FICEMS reviewed the final draft on June 20, 2018
- The EMS Agenda 2050 was released to the public on September 20, 2018 at the National Implementation Forum hosted at the DOT headquarters

- NHTSA has completed an internal review and the goal is to release the final document as a PDF and online by December 31, 2018
- Print copies will be available in 2019

He added that the Agenda 2050 envisions EMS systems in the future that are people-centered. The document is framed around six core values. EMS systems should be:

- Adaptable
- Innovative
- Inherently safe and effective
- Integrated and seamless
- Reliable and prepared
- Socially equitable
- Sustainable and efficient

Trauma Request for Information (RFI) Update

Gam Wijetunge, MPM, OEMS, NHTSA

Mr. Wijetunge reported that NHTSA, on behalf of FICEMS, posted an RFI in the Federal Register for information on improving prehospital trauma care. Comments were received from twelve national organizations, one regional organization and thirteen individuals and are viewable online at <http://www.FederalRegister.org>. The comments are being organized and the group will present a written report to FICEMS in the near future. He provided a brief summary of the comments received and issues that were important to respondents:

- Clinical Care
 - Advanced airway control
 - Prehospital analgesia in trauma
 - Evidence-based guidelines
- Data and Measures
 - Use of national prehospital performance measures
- Notification and Communications
 - Vehicle telematics
 - Connected vehicle technologies
 - Localized advanced automatic collision notification (AACN)
 - Extended wilderness cell phone coverage
 - Coordinating Next Generation (NG) 911 and FirstNext systems
 - Use of telehealth
 - Telemedicine technology for critical access hospitals
- Research
 - Root causes of trauma
 - Reevaluation of usage of invasive airway adjuncts
 - Mass casualty incident response
 - Multi-institution, multi-disciplinary injury mortality investigation
 - National trauma research action plan

- Governance and System Design
 - National goal for timely and optimal treatment for serious crash injuries
 - AACN and algorithms to estimate serious injury probabilities
 - Pediatric Emergency Care Coordinators (PECC)
- Military Integration
 - Military rotary wing assets to support civilian EMS
- Education and Training
 - Loan forgiveness for work in rural and underserved areas
 - Educational standards for emergency medical dispatch
- Public Involvement
 - 'Stop the Bleed' campaign

Mr. Furth asked if a roadmap or timeline exists for what the team plans to do with the comments. Dr. Krohmer responded that the team has asked new NHTSA members to look at the RFI to help determine the next appropriate steps in the process.

Mr. Gabriel noted that many key areas of interest emerged. The team should prioritize the topics and generate an action plan. Mr. Furth offered to review any comments related to communications issues and provide additional guidance and feedback. Dr. Krohmer added that some of the items have already been addressed or are in the process of being addressed.

Dr. Caneva suggested that a lack of standard processes exist in EMS. This is unlike the established standards in place to set up trauma centers, for example. It will be important to engage partners (e.g., payors, associations, providers, engineers, architects, etc) to gain insights into non-medical topics. He suggested identifying a forum for establishing, validating and enforcing EMS standards.

Technical Working Group (TWG) Committee Reports

Sean Andrews, MPH, Office of the Assistant Secretary for Preparedness and Response (ASPR)

Jon Krohmer, MD, Director, Office of Emergency Medical Services (NHTSA)

Mr. Andrews explained that the TWG is the staff of FICEMS and includes member agency staff, FICEMS members and experts from other federal agencies. Interagency coordination is a guiding principle for how the TWGs function. The four TWG committees execute the FICEMS Strategic Plan and report to the TWG.

The committees include:

1. Evidence-based Practice and Quality
2. EMS Data Standards and Exchange
3. EMS Systems Integration
4. Safety, Education and Workforce

Each subcommittee completes and updates a RACI matrix for each FICEMS priority assigned. The matrix outlines the specific activities necessary to complete each objective and who will complete them.

Evidence-based Practice and Quality

Diane Pilkey, RN, MPH, HRSA

Jon Krohmer, MD, NHTSA

Ms. Pilkey shared that the main goals and objectives the committee has focused on since the last meeting are:

- The naloxone evidence-based guideline
- Acute pain management in the prehospital setting
- HRSA EMS for children QI Collaborative

The HRSA Federal Office of Rural Health Policy is developing a demonstration project for EMS care delivery models and quality metrics in rural care. It will also examine the financial sustainability of these programs. The goal is to fund eight projects for \$250,000 for 3 years to state flex programs.

HRSA EMS-C also was recently funded by the National Institutes of Health (NIH) to conduct a study on the development and testing of a pediatric cervical spine injury risk assessment tool. The goal of the project is to develop and test a risk assessment tool that can be used by EMS and ED providers to determine which children warrant cervical precautions or cervical spine imaging after blunt trauma.

NHTSA has provided funding to NASEMSO to conduct a national scan to identify the types and status of states' systems of care for time sensitive medical emergencies. Additionally, the National Center for Disaster Medicine and Public Health recently received a grant from the DHS to develop a free sustainable lifesaving trauma training program that targets school-age children.

Data Standards and Exchange

Rachel Abbey, MPH, HHS

Jeremiah Kinsman, MPH, NHTSA

Ms. Abbey provided an update on the group's work to promote standardization and quality improvement of prehospital EMS data by supporting the adoption and implementation of NEMSIS-compliant systems. As of December 1, 2018, 38 U.S. states and territories have state-level NEMSIS data systems that can collect NEMSIS 3 data. Thirty-five states are currently submitting data to the National EMS database.

EMS Systems Integration

Ray Mollers, DHS

Gam Wijetunge, MPM, OEMS, NHTSA

Mr. Mollers reported that the committee's work has focused primarily on improving EMS system preparedness for all hazards including, pandemic influenza, by supporting coordinated multidisciplinary planning for all disasters. Many members of the committee have been involved with the National Fire Protection Association (NFPA) 3000, and the Standard for an Active Shooter/Hostile Event Response (ASHER) Program. The HRSA EMS-C new performance measures integrate NEMSIS and disaster preparedness activities.

The CDC released its revised public health emergency and response capabilities in October 2018, which included support for NEMSIS and other EMS activities. The grant guidance documents reflect interagency collaboration and coordination.

The committee also completed several assigned activities related to MUC including implementing MUC, medical surge, high consequence infectious diseases and supporting EMS Agenda 2050. Moving forward the committee is focusing on tracking state adoptions of the REPLICA legislation, implementing the interstate EMS licensure compact, and providing comment on the ongoing revision of the FICEMS Strategic Plan.

Safety, Education and Workforce

Jennifer Marshall, National Institutes of Standards and Technology (NIST)

Dave Bryson, NHTSA

Ms. Marshall reported that the committee has focused on the task of keeping patients and providers safe. They have addressed ambulance safety through two national standards, the NFP Standard and the Commission on the Accreditation of Ambulance Services. Multiple agencies are working to ensure that the national standards apply to remounted ambulances to ensure that all vehicles are safe for providers and patients.

The DHS and National Institute for Occupational Safety and Health (NIOSH) are funding work at Drexel University to assess the EMS safety culture. Investigators will conduct focus groups or 'culture camps' throughout the country to collect feedback from the EMS community on safety, training practices, guidance documents, and available mental health resources.

The NFPA released their second provisional standard (NFP 3000) titled "Standard for An Active Shooter/Hostile Event Response (ASHER) Program". It is the standard for active shooter and event response. Fire, EMS, law enforcement, and emergency medicine worked together to address how best to respond to these types of events.

Finally, Ms. Marshall explained that the committee worked this fall to track EMS Agenda 2050 and the scope of practice. These programs are starting to roll out to the community, and the group is tracking the best ways to disseminate the information and build the content into training programs.

Mr. Andrews added that each of the committees will be working on the revision to the FICEMS Strategic Plan which may result in some changes to the committee structure. Adjustments may be necessary to ensure that the committees align with the updated FICEMS goals.

Other Emerging Issues in EMS from Federal Agencies and Agency Updates

Heidi King, Deputy Administrator, NHTSA joined the meeting via telephone from California where she has been meeting with state highway patrol, state leaders in traffic safety and rescue, and EMS. Key issues discussed included societal and technology changes that are impacting EMS systems, specifically:

- Drug impaired driving
- The drug crisis
- Self-driving cars

Emerging technologies and individuals under the influence of unknown substances pose challenges to the current system. New tools are essential to help EMS providers continue in their life-saving role when accidents occur. She commended the critical work FICEMS is doing to keep our communities and providers safe.

Dr. Krohmer mentioned the events that occurred in the United Kingdom in the Spring and Summer of 2018, specifically, the use of 4th generation nerve agents in an assassination attempt and other cases of unfortunate exposure. The National Security Council (NSC) formed an interagency working group to investigate the events in an effort to capitalize on lessons learned. The NSC is planning to release several working documents in the next few weeks to EMS, the health care community and other first responders who may encounter individuals potentially exposed to these agents. He added that no information exists that any of these agents may be used in the U.S. The NSC documents are a preemptive action of information sharing.

Mr. Gabriel added that he participated in a call recently with EMS and fire chiefs on this topic to discuss scene assessment and treatment modalities in the field.

Public Comment (15 minutes)

No public comments were provided in person or on the phone.

Election of 2019 Chair and Vice-Chair

Mr. Gabriel discussed that according to statute, FICEMS must annually elect its Chair and Vice Chair. He shared that it has been his pleasure to serve as the FICEMS Chair this past year. He thanked other members of the committee and opened the floor to members for nominations. Ms. Morrison-Quinata nominated Heidi King for Chair. The nomination was seconded and unanimously approved. Ms. King accepted the position as Chair. Mr. Gabriel opened the floor for nominations for Vice Chair and Ms. Morrison-Quinata nominated Dr. Caneva. The nomination was seconded and unanimously approved. Dr. Caneva accepted the position as Vice Chair.

Dr. Krohmer provided a final announcement to individuals participating in the meeting via the internet webcast. FICEMS currently does not have a way to actively engage web viewers during the meeting. However, viewers may submit comments or questions to: NHTSA.ems@DOT.gov.

Adjourn

Mr. Gabriel adjourned the meeting at 3:56pm.